

Table of Contents

State/Territory Name: GA

State Plan Amendment (SPA) #: 21-0016

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

August 3, 2022

Lynnette R. Rhodes, Esq.
Executive Director, Medical Assistance Plans
Department of Community Health
2 Peachtree Street, 36th Floor
Atlanta, GA 30303

Re: GA State Plan Amendment (SPA) 21-0016

Dear Ms. Rhodes:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0016. This amendment proposes to add Lactation Consultants as a new provider type.

We conducted our review of your submittal according to statutory requirements in 42 CFR 440.220 of the Social Security Act. This letter is to inform you that Georgia Medicaid SPA 21-0016, was approved on August 2, 2022, with an effective date of October 1, 2021.

If you have any questions, please contact Etta Hawkins at (404) 562-7429 or via email at Etta.Hawkins@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

cc: Brian Dowd
Falecia Smith, Acting Branch Manager, DPO-South

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p>FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>		<p>1. TRANSMITTAL NUMBER <u>2 1 — 0 0 1 6</u></p>	<p>2. STATE <u>GA</u></p>
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>		<p>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI</p>	
<p>5. FEDERAL STATUTE/REGULATION CITATION <u>42 CFR 440.220</u></p>		<p>4. PROPOSED EFFECTIVE DATE <u>October 1, 2021</u></p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 3.1-A, Page 3a-1.b (new)</u> <u>Attachment 4.19-B, page 1(d) (new)</u></p>		<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>0</u> b. FFY <u>2023</u> \$ <u>0</u></p>	
<p>9. SUBJECT OF AMENDMENT <u>Addition of Lactation Consultants as a new provider type.</u></p>		<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>N/A</u> <u>N/A</u></p>	
<p>10. GOVERNOR'S REVIEW (Check One)</p> <p><input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT</p> <p><input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</p> <p><input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</p> <p style="text-align: right;"><input checked="" type="radio"/> OTHER, AS SPECIFIED:</p>			
<p>11. SIGNATURE OF STATE AGENCY OFFICIAL </p>		<p>15. RETURN TO Lynnette R. Rhodes Executive Director, Medical Assistance Plans Department of Community Health 2 Peachtree St., 36th Floor Atlanta, Georgia 30303</p>	
<p>12. TYPED NAME Lynnette R. Rhodes</p>		<p>17. DATE APPROVED August 2, 2022</p>	
<p>13. TITLE Executive Director, Medical Assistance Plans</p>			
<p>14. DATE SUBMITTED 12/31/2021</p>			
<p>FOR CMS USE ONLY</p>			
<p>16. DATE RECEIVED December 31, 2021</p>		<p>17. DATE APPROVED August 2, 2022</p>	
<p>PLAN APPROVED - ONE COPY ATTACHED</p>			
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2021</p>		<p>19. SIGNATURE </p>	
<p>20. TYPED NAME OF APPROVING OFFICIAL James G. Scott</p>		<p>21. TITLE OF APPROVING OFFICIAL Director Division of Program Operations</p>	
<p>22. REMARKS <u>Pen and ink change in boxes 7 & 8 to include reimbursement pages authorized by state via email on 7/13/2022 - MW</u></p>			

6d. OTHER PRACTITIONER'S SERVICES

D. LACTATION CONSULTANTS

The scope of services includes the provision of lactation care and services to pregnant and lactating women and children who are breastfeeding. Such services include lactation assessment implementation of a plan of care, and education and counseling. Lactation services may be rendered in the following settings: hospital, physician practice, and home setting.

Lactation Consultants must be licensed in accordance with the Georgia Lactation Consultants Practice Act as outlined in the Official Code of Georgia.

T.N. No.: 21-0016

Supersedes

Approval Date: August 2, 2022 Effective Date: October 1, 2021

T.N. No: NEW

POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES FOR OTHER TYPES OF CARE OR SERVICES

Lactation Consultant Services:

The Department will reimburse for Lactation Consultant Services billed utilizing one or both of the following codes:

1. S4443 (Lactation Class)
2. S4445 (Patient Counseling).

Reimbursement is based upon an established fee schedule which can be located at

<https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Fee%20Schedules/tabId/20/Default.aspx>.

Lactation services may be rendered in the following settings: hospital, physician practice, and home setting.

Effective Date of Payment:

This reimbursement methodology applies to services rendered on or after October 1, 2021.

Limitations:

Lactation Consultant Services are limited to five (5) sessions unless deemed medically necessary.